Journal of

CLINICAL PASTORAL WORK

CONTENTS

Council for Clinical Training, Inc.

LUME II SPRING 1949 NUMBER 1

JOURNAL OF CLINICAL PASTORAL WORK

ıme II Spring 1949 Number 1

STATEMENT OF AIMS

BRING together descriptive accounts of pastoral work with individuals groups, in parish, hospital and prison, and to encourage parish clergy chaplains to share their understanding and methods.

DEMONSTRATE the use of concise note-taking in clarifying the oral process and in providing a factual basis for pastoral work.

CLARIFY from specific pastoral situations both the religious needs of parishioner and the principles of relating to other professions also erned with a ministry to people; especially medicine, penology, social k, nursing and education.

USE the insights of other professions, not in imitation of these profes- s, but as a means of further strengthening the clergyman's under- ıding of the needs and resources of his people and of his role and tionship to them.

THROW light on the elements of normal Christian living through ical accounts of the pastoral care of the adequate and wholesome per-

CONSIDER the principles and methods of Clinical Pastoral Training of theological student, the nature of the supervision involved, and its tion to other elements in the curriculum; recognizing the growing erest in this educational approach in helping the student make real in erstanding and practice his work in the seminary.

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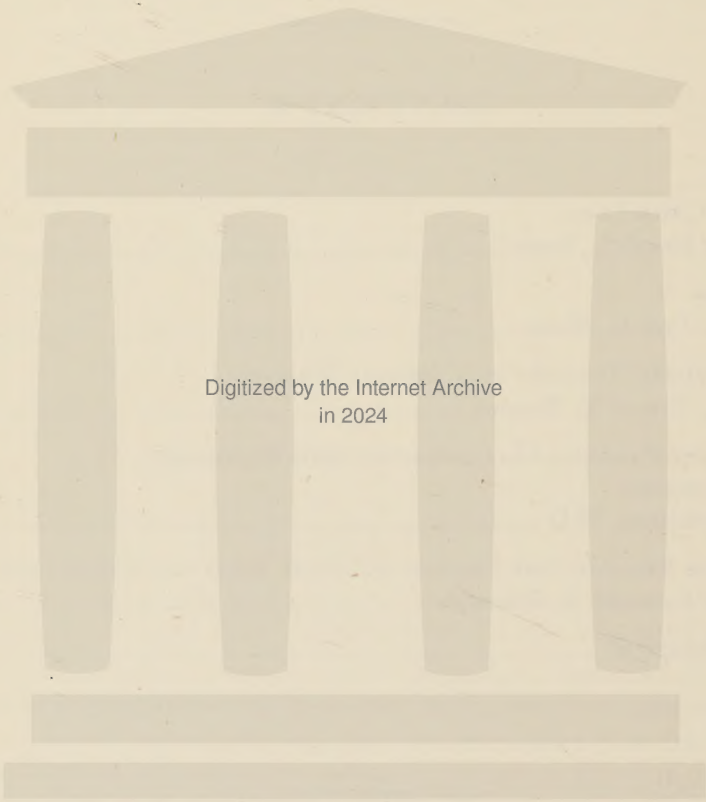

BAPTISM AND CHILD CARE

PROFESSOR REUEL L. HOWE

The Virginia Theological Seminary

Baptism has more meaning than is apparent in much current under-
ding and practice in the Church. To many people the meaning of the
is limited to the service itself—that when the service is ended, the
k of Baptism is complete. Failure to make clear the implications of
Sacrament for Christian education and growth betrays parents into
belief that the ritual observance fulfills their "religious" responsibility
their children. Futhermore, the attitude toward the rite is too com-
ly more cultural than religious—that is, it is the thing to do or to
e done for children. Nor is it unusual for the meaning of Baptism
e confined to the formal act of giving the child a name.

In addition to these and other incomplete interpretations of Baptism,
e is also the confused understanding of its theology. The original
f about Baptism was that it was an instrument by which the old
of sin was left behind and a new life was begun. The old egocentric
died and was buried in Christ's death, and a new theocentric self was
. The necessary condition for Baptism was, of course, faith in Christ.
re was a sharp line between the old life and the new marked by bap-
al washing. Our present situation in which the baptism of infants is
e common makes the earlier concept unreal since there is no old life
gocentricity to die, and conscious faith in Christ is not possible.

he instrumental aspect of Baptism alone, therefore, is unable to provide
adequate basis for an intelligible theological interpretation of infant
tism. Since this instrumental aspect of the Sacrament in a time when
nt Baptism is more common does not convey its whole meaning, and,
fact, endangers its meaning in the understanding of many people, we
st ask ourselves what other significance is there that can be made the
is of a much-needed reform in its administration. The answer is found
he fact that Baptism from the earliest time has symbolized much more
n what at the moment it effects.[1] It symbolizes the end of which the
e itself marks the beginning, namely the process of growth of the
ividual from the moment that he emerges from the womb of the font
il he finishes his life course as, we hope, a relatively mature child of
. The implications of Baptism, therefore, embrace the whole life of the
ividual and anticipate all that the words of the rite promise: cleansing
sin; rebirth into new creaturehood; conscious and mature membership
God's family. But the Sacrament of itself will not accomplish this result.
needs to be remembered at this point that sacraments are a means of

[1] The writer is indebted to the late Canon Quick for the distinction between the "instrumental" and "symbolical" significance of Baptism. See O.C. Quick, *The Christian Sacraments*, Chapter II.

grace given by God to operate in and through the Church and not inde pendently of the Church. It follows then that the fellowship itself, brough into being through Baptism, has responsibility not only to administe this Sacrament but also for the realization of its meanings in the develop ing life of the newly baptized. To this latter task of the fellowship th symbolic significance of the Sacrament definitely points, and with thi the present article is concerned. Because the symbolical aspect of Baptism is here emphasized it does not follow that the author is unconcerned wit the truth of God's action in the instrumental aspect of Baptism. Th express purpose of the present effort is to show how the educational an pastoral implications of Baptism may be realized in the nurture of indi viduals in a society of Christian relationships.

The sacrament of Baptism as a part of the Christian Gospel i concerned with the nature, relationship, and end of human life. An under standing of the dynamics of human relationships and the situation produced by them is essential to a relevant understanding of Holy Baptism which we accept to be an expression of God's effort to help man in hi predicament.

The infant begins life in a state of complete dependence. There i nothing vague about this. He is dependent upon mother, father, and othe members of his family and through them on the whole culture for food care, love, and guidance. He can do nothing for himself. His chief contri bution at this age is his colossal need which is represented by the phras "I want." If he is to survive, to say nothing of prospering, his want must be met. Human parents undertake to do this. When the baby i hungry he is fed. When he is uncomfortable he is made comfortable. Satis faction of want, at first simple and later more complex, gives the individua a feeling of well-being which leads eventually to feeling that he is loved As a result of being loved he learns to love. When he is loved and love in return, he feels that he is good and that all is right. The followin formula summarizes the above description.

I want—mother gives—I am loved—I love—I'm good—that's right

The above is an unreal description of the human situation becaus it does not completely describe the human experience. Not all desires o wants could or should be met. There are times when a child, no matte how much he wants something, will have to suffer deprivation. It ma be that he cannot have what he wants or that something that he possesse must be taken from him. He cannot understand the reason for thi treatment. Satisfactions of his wants produce in him such contentmen that failure on the part of anyone to contribute to this blessed stat causes him pain that may be both physical and psychological. Even infant respond to being hurt by striking back in whatever ways they can. Th

ng that gradually begins to accompany "striking back" behavior is lity. Because the child wants and needs the parent's love, his hostile vior causes him to feel anxious and guilty, and that everything is all g. Therefore, in contrast to the foregoing formula, we have the fol-ng:

I want—mother takes away—I am hurt—I hurt back (hate)—I am bad—wrong

The foregoing is also an unreal description of the human situation. child could not survive on a diet of pure denial and deprivation of wants. In order to describe adequately human experience we need to bine the two formulae. Growth of personality results from experiences oth fulfillment and deprivation. Life, represented first by parents and by teachers and others, must both give and take away. The child will itably feel both love and hurt, will respond appropriately with love esentment as the case may be, and will feel that he is either good or accordingly.

During the earlier years the relationship between parent and child is ominantly a giving one in order that the child may acquire a sense of rity and of being loved. In proportion as he has acquired from first early relationships a strong sense of security, he is better able to pt and profit from reasonable experiences of deprivation.

The effect of not having his "wants" met in ways and to degrees satisfactory to him will be manifested in outspoken ways at first. The y will cry, wave his arms, kick his legs angrily. As he acquires more ure means of expression he will fight both verbally and physically. emotional tone of much of this fighting will be hostile. He will hit and to hurt the parent who obstructs his wishes. He will tell his mother, instance, "I hate you," or, "I'll put you in the furnace and burn you lead." Behavior of this kind is natural and to be expected, since it is direct result of parental interference with wishes. Children need the port of parents who are sufficiently secure in themselves and in their tionships with their children in order that they may feel free to express r resentment. Freedom to express resentment, within reasonable limits, os the child to get rid of his antagonistic feelings and makes it more sible for him to respond to the love and help of the parent. Futhermore, n a major crisis between parent and child occurs involving strong ings of conflict, the child's difficulty in dealing with the immediate ation is not complicated by the accumulation of unexpressed feelings lting from past minor conflicts.

When parents inhibit expressions of negative feelings, the child tends "swallow" or repress the feelings as unapproved and bad. The accumu-ed hateful feelings gradually condition the child's relationships to

parents on the hate side. Yet he wants to feel loved and to love. He ma try to deal with this conflict between love and hate experience, by pr tending that he is loved and is loving. He is not loved, however, so h cannot wholeheartedly love.

On the positive side, the parent who genuinely loves the child, allow him reasonable freedom to express his resentment in response to frustr tions and then helps him to understand the necessity of reasonab deniable, control, and guidance. He is enabling the child to grow up as person having satisfying experiences of love and adequate capacities dealing with frustrations and the natural feelings that follow from ther

Nevertheless, it is inevitable that the child during the first four five years of life acquires as a result of the kind of experiences ju described a self-centered sense of relationships and of values. Note, ho ever, that they are appropriate to his age. His values are determin chiefly by reference to himself. If something pleases him, he is hap and he calls the situation good; if something displeases him, he i unhap and he is inclined to call that state of affairs bad. His criterion is se centered in a perceptive but not a moral sense.

This situation is summarized by the late Archbishop of Canterbu as follows:

> When we open our eyes as babies, we see the world stretching out around us; we are in the middle of it; all proportions of perspectives in what we see are determined by the relation—distance, height, etc.—of the various visible objects to ourselves. This will remain true of our bodily vision as long as we live. I am the center of the world I see; where the horizon is depends on where I stand. Now just the same thing is true at first of our mental and spiritual vision. Some things hurt us; we hope they will not happen again; we call them bad. Some things please us; we hope they will happen again; we call them good. Our standard of values is the way things affect ourselves. So each of us takes his place in the center of his own world. But I am not the center of the world or the standard of reference as between good and bad; I am not, and God is. In other words, from the beginning I put myself in God's place. This is my original sin. I was doing it before I could speak, and everyone else has been doing it from early infancy. I am not guilty on this account, because I could not help it, but I am in a state, from birth, in which I shall bring disaster on myself and everyone affected by my conduct unless I can escape from it. Education may make my self-centeredness less disastrous by widening my horizon of interest. So far it is like the climbing of a tower which widens the horizon for physical

vision while leaving me still the center and standard of reference. Education may do more than this if it succeeds in winning me into devotion to truth or to beauty. That devotion may effect a partial deliverance from self-centeredness. But complete deliverance can be effected only by the winning of my whole heart's devotion, the total allegiance of my will—and this only the divine love disclosed by Christ in His life and death can do.[2]

The sum of the matter thus far it that the process of nurture brings child eventually to the place where he needs to begin to make transition m values determined by self-interest, to those values determined by -giving relationships with others, based on growing interest in others l their needs. It is to be hoped, of course, that the family has already n concerned about this and laid the foundation for such a transition, the emphasis should not be made prematurely. It also remains true t the growing individual approaches this change with continued self-erest, only of a maturing kind; that is, he is always partly motivated his interest and service of others by the recognition of the fact that vill serve his interests to serve others.

Growth in enlightened self-interest, in predominantly love rather than e relationships, takes place slowly and painfully. The ultimate achievent of pure Christian character is not easy and is never complete, but degree of achievement is dependent from the very beginning of the ividual's life upon the character of the relationships provided the child. is is a part of what Baptism is about.

It is this human nature, about which we have been thinking, which Church believes is reborn by the grace of Baptism acting continuously. this means anything, it must mean that there is power in the Christian th and relationship to save men from the effects of the evil "spirits" of tility, anxiety, guilt, and the like. The operation of the power of the ristian Gospel is dependent upon human cooperation—the ability and lingness of the members of the Church to use with understanding and ll the natural and revealed resources that God has given to aid men living together in love and helpfulness. Scientific researches have made own to us some of the primary needs of children. A correlation of our igious and scientific insights will help us to a more effective administran of Baptism and open to us some of its educational and pastoral plications.

The child has three fundamental needs that must be fulfilled if he is mature adequately. 1) He must be accepted as an individual in his own ht; 2) he must have wholesome experiences of being loved and of ing; and 3) he needs the support of a consistent and understanding

ristianity and Social Order, William Temple, p. 37.

framework in which to grow up. The implications of Baptism will be discussed in relation to these three needs of the child.

1) Acceptance. A child should be given every opportunity to develop his own unique character and find his individual destiny, and to these ends to be protected from all distortions and from all unnecessary deprivations and exploitations by adults. This inalienable right of every child stems from God's creative purposes. One of the evidences of the sin of our culture is that it seeks to regiment life and make it conform to conventional patterns. Our culture, Christian though it may claim to be, does not have a vocation for nurture of persons. Economic or other utilitarian functions of persons are more important than the persons themselves. A so-called Christian mother cannot be bothered with basing her child's schedule on his particular organic rhythm because she has other more important things to do. She makes the child conform to an arbitrary schedule based on chronological time and creates a natural rebellion in the two-weeks old child that is the first step in the development of rebellious patterns of living. The first experience of such a child is rejection, the effect of which may be permanent distortion of his spirit. In this as in all aspects of his development the child needs to be accepted as an individual.

The particular responsibilities of the family, and here the family is regarded as the principal trustee of the grace of Baptism during the early years of the child's life, need more detailed mention. Acceptance of a new individual is not an easy matter. Acceptance means that we accept the fact of the child's existence and the difference it makes in our life; that we accept a boy as a boy and a girl as a girl instead of wishing that either one was of a different sex; that we accept the child in all of his individuality—all that makes him a distinct person; that we accept the changes that take place in him as he grows older, more mature, independent, responsible, and gain satisfaction as parents and teachers from his advances; and that we accept him when he is "good" and when he is "bad."

When the Church, the family of God, accepts a child in Baptism, he should be accepted in these concrete day-by-day ways. By so doing the Church contributes to the child's growing sense of security which is essential to his growth in Christian relationship, and therefore to his capacity to trust others, including God.

In and through the rite of Baptism the Christian family in the name of God symbolically affirms this principle and accepts the child in all of his individuality. At the moment of Baptism the minister says, "Name this child." The name given at this time is the Christian name. The Christian name identifies the individual as God's own child and furthermore distinguishes a particular child from every other child of God. It is both a

ne of individuality and of relationship. When we receive an individual
the family of God, we do not do so in order that we may make him
form to patterns of human convention; rather, we receive him in order
t out of the influence of the fellowship he may grow into the fullness
spiritual stature for which God created him and of which his Christian
ne should always be a sacred symbol—a symbol not only to the indi-
ıal who bears the name, but to the fellowship into which he is received
which should assume responsibility for him. A responsibility of such
portions and far-reaching consequences cannot be fulfilled at the time
the rite. If the symbolized significance of the Sacrament is to mean
thing, the fellowship must seek diligently to make clear to every
son who is to have control of and influence over the child the inner
ning of Baptism on this point of individuality and free personhood. It
ns that members of the family of God must teach parents the true
istian meaning of parenthood in terms of their particular relationships
n children and of their family situation; it means encouraging pedia-
ians in their present emphasis on this point, and helping them to see
t it is not only good pediatrics but also good Christianity; it means
oing teachers to see in their vocation an opportunity to nurture
eemed and abundant character; and it means that no minister of this
rament should ever administer it without first preparing at least the
ents and god-parents for their respective Christian responsibilities in
tion to the child.

Let it be remembered, then, that one of the major meanings of
tism is that God accepts the child as an individual in his own right
that the family of God, the fellowship of God's children, assumes
ponsibility for the nurture of his individuality in the community.

2) Love. Not only does the child need to be accepted as an individual,
he also needs the constant assurance and reassurance that he is loved.
e experience of love begins on the physical level of nursing and hunger
isfaction and becomes the basis of later emotional and spiritual experi-
es of love. This is the time in life when the great need is to be loved.
the first year or two it is practically impossible to express too much
e and affection, assuming that the love expressed is wholesome. Studies
eal that there is a direct ratio between being loved and the capacity to
e, and they scientifically document the ancient Christian belief that
love of God is not born of ourselves but comes into being in response to
realization of how greatly God loves us. One learns to love only by
ng loved, and all men need love most when they are most unlovable.
less the child has had a reasonably complete and wholesome experience
being loved, he will as he grows older continue to seek in inappropriate,
antile, and childish ways, that affection which is his primary need and
l not be able to give affection in appropriate adult ways because he

cannot give that which he has not received. The parent in this matter is the child's first pattern of God.

The child cannot distinguish between the parents and God. To him the parents are God. He accepts his parents as they are and applies what he learns from them to life and mankind and God. This is the point where religious education begins. If we are loving parents in the wise and wholesome ways of love, the child will receive the necessary foundation experience for recognizing and responding to the love of God. If the relationship between the child and his parents is truly Christian and therefore wholesome, he will gradually respond with Christian attitudes and in Christian ways.

What does this have to do with Baptism? Baptism is the sacramental expression of divine assurances and reassurances of love. The Gospel of which it is an expression is a Gospel of God's love revealed in Christ. The fellowship into which the child is received is the agape fellowship. This being the case, and the child's fundamental need being love, it follows that the fellowship's expression of love should be more specifically articulated in terms of those concrete situations in which the child must grow and mature. The divine love that is expressed in and through Baptism is regenerative, redemptive love. He who was born of the will of man, a natural creature, is now born of the spirit, a child of God. This means that the child is born into the environment of the divine love historically manifested in the Christian fellowship. The parents and god-parents are the representatives of the fellowship in the expression and ministry of God's love. Many of them are unaware of this responsibility and opportunity and need to be awakened to it. Many others of them are conscientious in their assumption of responsibility but need inspired and practical assistance from the Church. Furthermore, the character of the life of the Christian fellowship both in its individual and collective manifestations should be of a kind that gives loving welcome and encouragement to the child as he moves through the successive stages of his development.

Going back to the responsibility of the parents, it is desirable that they be helped to a Christian conception of the function of parenthood and see it as having more than biological or sociological significance. As has been said before, they are the child's God for several years and as such they are the introduction through the character and quality of their relationship to their children to God the Father. The subject matter of religion and the religious habits of prayer and offering are not the only concerns of religious education. Equally important is the expression of divine love or the revealing of the divine character in the family situation in the respect with which the parents regard the individuality of the child; in the constant attempt to understand the motives and purposes that

behind the child's behavior before the behavior is dealt with; in the erful endeavor on the part of the parents to overcome their own ructive motives and attitudes and thus avoid developing in the child racter-conditioned hostilities; and in a reasonable ordering of the ie around the child and his needs so that the home becomes in fact a l unit of the Christian fellowship and a training school in the life of Kingdom of God. It is this that Baptism symbolizes and demands of home that would be Christian and that would really assume responsi- y for the personal and social implications of Baptism. Parents and -parents and the whole Christian fellowship need help and instruction rder that they may more effectively use their opportunities and meet r responsibilities.

3) Discipline. The child also needs a stable, consistent, understanding, evenly ordered environment to provide him with a steadying and porting influence with which he can meet the mysteries and vicissitudes growth and maturation. One reason for the need of this kind of ience is that the child by nature is subject to sporadic emotional eavals and disturbances such as fears, rages, and griefs which clamor expression or release in overt behavior. These emotional reactions are onses to normal physiological functions that call for understanding istance on the part of adults, so that the child may be freed from their ency and disturbance. If such behavior is regarded as moral and ethical nature, and is handled as such, the child's feelings of guilt and resent- it will be unnecessarily and unwisely aroused or increased. Treatment of s kind is one way in which adults reproduce in their children hostile destructive attitudes and behavior. The greatest need in these emo- nal situations is for sympathetic reassurance that will allay the child's ic and so help him meet the situation more effectively.

A firm framework of life is needed also in order to help the growing ividual to relate himself cooperatively to other people—the members his family, his playmates and schoolmates, and all his ever larger mmunities. This disciplined framework is essential if the ultimate cts of acceptance and love are to be wholesome and the individual is grow from a concern with himself that is appropriate to infancy to lt altruism. It is necessary, therefore, for him to enter increasingly o disciplined relationship with other people who have their own inter- s, needs, and purposes. Out of these factors and by this process society compounded and the character of social relations is determined. So the ld must learn to relate to others, not on the basis of their value to him to his interests, but on the basis of others as human entities in their n right.

Obedience is a lesson that must be learned as the child matures. And e need for obedience does not need to be justified. It has its roots deep

in the nature of the child himself. A boy, aged ten, who had been referred to a clinic because of anti-social behavior said wistfully, "I wish Dad and Mom had made me obey." His home had been without order, had failed to give him consistent guidance, and he had responded with symptoms of insecurity and anxiety which led to rebellion and anti-social behavior. The home is the mediating agency between the individual and the universe into which he is to enter as a responsible person. If the home is unstable, capricious, undependable and fails to provide a fixed point of reference for the child in a world already bewildering to him, the child of that home, because of his confusion and frustration, will exhibit hostile and aggressive behavior. His relations with people instead of being outgoing and friendly will be withdrawn, defensive, and self-demanding.

The administration of discipline and the imperative for obedience is fraught with many complex problems. Harm is done the child's integrity when obedience is demanded for obedience's sake. The requirement of obedience must be reasonable and relevant to the understanding and capacity of the child. Obedience is not an impersonal and legal mandate but is a personal relationship which calls for cooperation between the person who bears the authority and the person who is the authority's responsibility. There is need, therefore, to provide real opportunities for the child to make his own judgements and choices, and to experience the natural consequences, within protective limits, of his judgements and choices whether they be good or bad, fortunate or unfortunate. This kind of discipline in freedom enables the child to learn the inviolabilities of life creatively and with a minumum of confusion and anxiety. By this process the growing individual learns the laws of God and man, learns to relate to them constructively, and is not under compulsion to pit himself aggessively against them. As he grows older, the external laws by which he was patiently governed will become internalized, and in his maturity he will find himself in possession of an increasingly mature conscience. He will relate to people righteously not because of laws that prevent him from doing otherwise, but because of a genuine fellow feeling, respect for, and love of his neighbor.

These insights about discipline and its conditions are introduced to illuminate the symbolical significance of Baptism with regard to this aspect of the baptized child's maturing life. The Christian fellowship into which he is received is rooted and grounded in the Law of God. Furthermore, it is an ordered and disciplined fellowship, or should be. On the other hand, it has been delivered from the tyranny and fear of the Law by its faith in the triumphant Christ. Through faith in Him and by union in His love the members of the fellowship may hope to fulfil the Law. But the little children of the fellowship, passing, as they do, through the primitive stages of development, must learn that there is a law and must

n obedience to it if they are to come to that state of Christian maturity hich the laws of God dwell within them, and they find their security neir faith in the love and mercy of God. The adult members of the wship, because of their new relationship to the law, should be charac- tically understanding, patient, and helpful in the administration of law with their children. It is to this process of loving discipline that tism symbolically points, and the rite is not complete until the stian fellowship, through parents, godparents, and others, undertakes brings it to some degree of fruition.

An attempt has been made to show that the ministry of Baptism is ministry of the Christian fellowship to the child in terms of his needs the natural processes of his unfolding nature. The fellowship is thus servant of the baptismal Covenant between God and the child, of which ionship the sacrament of Baptism is the source, the sign, and the

The message of Baptism and its implications can be used for therapy ell as for prevention. Both processes should be understood as included ne idea of redemption. The preventive task of the fellowship is to raise s children, as has been indicated, patiently and studiously with benefit oth Christian and scientific insights. In this way the children of the wship may be brought to maturity with fewer personal and social bilities and with a maximum chance to make a constructive response hrist when they are confronted by Him. Such is the preventive side of matter which grows out of the symbolical significance of Baptism.

On the therapeutic side, we need to remember that men and women in their need for acceptance, love, and understanding discipline ughout life; that because of the egocentricity and sin of the culture hich they live and grow, their need for these qualities has never been quately satisfied and a consequent longing for them is expressed in all ner of egocentric, frustrated and unwholesome ways of living that luce physical, emotional, and social ills. Thousands of these people e been baptised, most of them in their infancy; yet too many of them ot sense the meaning of Baptism in relation to the unhappy condition heir lives. Life in the fellowship too often hurts the little ones of God, infants and adults. The indifference and impersonality of present-day ventional Christianity produces an unchristian fellowship that raises new generations whose religion is humanistic and sectarian, and whose of life combines the worst features of individualism and aggression, ritual fact of Baptism to the contrary notwithstanding. The pastor, ounseling these people, has the opportunity to bring to bear upon their blems the meaning and help of Baptism: that through the sacrament are accepted by God as His children and members of His family; that

they are the objects of the divine love that does not vary, is indestructible, and seeks not its own (is not egocentric); and that they are supported by a mercy which tempers the terror of an otherwise merciless and frustrating law. People can be helped to find a place in the fellowship of Christians where they will experience these divine qualities and, in their turn, increasingly manifest them in their own lives. The fellowship thus becomes a society in which the destructive, egocentric forces of contemporary culture are combatted by love, justice, and mercy.

CONCLUSIONS

Baptism is the sacramental affirmation of God's proclamation that persons are important as persons, in contradiction to the perversions of modern culture which reduce them to the status of things and value them in terms of their functions. A child of man can enter into no greater relationship than that of being a child of God. It should mean, among many things, protection from the distortions of egocentricity, from insecurity, from the necessity of defensive living and from all the evils that result therefrom. It should mean that those who are received in Baptism thereby enter into a fellowship that accepts, loves, and nurtures them with understanding, patience, and a skill which is illumined by both religious and scientific insights. Nurture as a part of Christian experience is important and always will be. The healthier the nurture, the more complete the experience of Christ will be when it comes.

Baptism symbolizes and should effect a new society under God. Since all its members are children of God, its life should be marked by an equality in community, and by unmistakable manifestations of God's redeeming energy at work within its own membership and in relation to those outside the fellowship. The fellowship is born of Baptism; and yet it is also responsible for the operation of the grace of Baptism. To maintain the true quality of Christian fellowship, the new society must be a believing, worshiping and working community. Baptism without faith is nonsense. It follows, then, that infant Baptism will be undertaken only when, according to human estimates on the basis of faith, the proxy-faith of the persons responsible—parents and godparents—can be determined and instructed beforehand. The characteristics of Christian fellowship should be manifested also in the local life of each home, which then becomes an integral and harmonious part of the whole Christian community. The experience of Baptism should produce a distinguishable difference in the character of family relations, particularly with respect to the parents' understanding and treatment of their children.

The ministry of Baptism is a teaching ministry, since the rite occa-ons instruction of the congregation, the godparents and the parents in hich all, not only the clergy, participate. We must rediscover and dedicate irselves to this teaching mission in order that the personal and social plications of Baptism be realized.

Finally, the Sacrament is evangelical in nature. Baptism, proclaiming e goods news of the Gospel, incorporates those who respond into the mmunity of the faithful, sending them out into the world as messengers a new relationship which is the gift of God to the individual and to ciety.

And so with the whole congregation of Christ's flock we give thanks nto Almighty God for these benefits; and with one accord make our ayers unto him that all who are brought to Baptism may lead the rest their lives according to this beginning.

A MEDITATION

The Reverend Don C. Shaw, *Protestant Chaplain*

The District of Columbia Penal Institutions, Lorton, Virginia

"*Lord, have mercy on me, a sinner.*" Luke 18:13

(Read Luke 18:9—14)

Pride and conceit are symptoms of an illness, and the illness is often fear. In this great parable of the two men who went up into the temple to pray Jesus is showing us how many people deal with themselves. The pharisee was possessed by fear. He was afraid to be honest for fear of losing his self respect, the acceptance of his friends, and the favor of God. And so he stood in a conspicuous place and recited his credentials.

The publican, on the other hand, was not afraid to be realistic. Confronting himself as he was—his good and his evil, his strength and his weakness—he was able to be honest and humbly trust God's mercy. He who has to exalt himself is sick, but he who can be honest with himself is moving toward health.

PRAYER

Almighty God, unto whom all hearts are open, all desires known, and from whom no secrets are hid; so renew Thy spirity within us that we may be increasingly delivered from our fears of life and reality, and from the need to appear to be more than we are. May we be confident in the knowledge that nothing can separate us from Thy love, or from the love of men of good will. Amen.

CLINICAL PASTORAL TRAINING IN A MENTAL HOSPITAL

THE REVEREND ERNEST E. BRUDER

The Federal Security Administrator, the Honorable Oscar R. Ewing, in his September 1948 report to the President—"The Nation's Health: a Ten Year Program"—states . . . "mental health in its preventive sense is a point of view—a healthy understanding of the basic factors of living together. Each group in the country working with people and serving them should be given an opportunity to acquire the skills of good interpersonal relationships." Therefore it is recommended in the report that "A Nation-wide training program should provide for *courses in psychiatry* to orient public health personnel, general physicians, and specialists other than psychiatrists, miscellaneous hospital personnel, probation officers and staffs of institutions for delinquency and dependency, vocational placement counsellors and rehabilitation staffs, management staffs in industry, shop stewards in labor unions, lawyers and judges, *clergy and religious educators*, teachers, recreation and group workers, law enforcement officers and others in public service." [1]

Clinical Pastoral Training at St. Elizabeths Hospital is the means by which provision is made for the attainment of psychiatric insights on the part of the clergy and religious educators. In such a course in the laboratory of human relations—the mental hospital—students for the ministry, and other religious workers, are provided with supervised opportunities for intensive clinical study of problems in the field of interpersonal relations. Visiting the patient in his capacity as a clergyman, the student of religion is helped to gain further understanding of his own role as a minister, the meaning of that relationship to the patient, and above all the value and significance of his religious resources in a given situation of human distress. As a result of such training, if the student has not been too traumatized in his previous relations with others, so that he has become overly defensive, one often hears from those who have taken such courses, that the greatest gains were to be found in their clearer awareness of their own interpersonal relations. It is frequently observed that these individuals have by this insight become much more sensitive to the needs of their fellowmen, and at the same time less personally and emotionally involved in their relations with those who have come to them for help.

This program has been in effect at St. Elizabeths Hospital since the spring of 1945. Up to the present—the spring of 1949—forty-seven theological students and ordained clergymen have received training. Forty of these men spent a minimum of three months or longer in the hospital, for a total of fifty quarters of training. Seven of the total were clergymen of

[1] "THE NATION'S HEALTH: a Ten Year Program"—a report to The President, by the Hon. Oscar H. Ewing, Federal Security Administrator, September 1948—pp 123-124.

the hospital community who came into the hospital one day a week, for eleven weeks, primarily because they were interested in learning something about the problems associated with the care of the mentally ill, and the clergyman's opportunity and responsibility in ministering to both the sick parishioner and the relatives. The program has been both interdenominational and interracial: to date seven different church denominations have been served. In this total group of clergy, sixteen of the men have been ordained. Of the group six have undertaken to work in the mental hospital chaplaincy fields, either on a full-time or a part-time basis. The comments made by those who have had the training, and the many applications being received for training, indicate that the program has made a reasonably significant contribution to the education of the clergyman in his preparation for working with people.

Much could be said about the value of such a program to the education of the minister. The purpose of this paper is primarily to indicate the significance of the training program to the hospital. Or to be more precise: an attempt will be made to indicate the minister's contribution, through his participation in clinical pastoral training, in helping the mentally ill patient.

It is coming to be more clearly recognized that our helpfulness to those who have experienced problems in living depends largely upon the attitude with which we approach the individual. Thus a beginning is made in each new program with some attempt to help the student recognize something of what his attitude might be (since it is no doubt influenced by the prevailing attitude of the community), to those who are mentally ill. In seminar discussions the student is encouraged to share his ideas and feelings about mental illness with the other members of the group. Here frank recognition is given to the all too prevalent misconceptions and the stigma associated with mental illness. An attempt is then made to orient the student so that he might gain an awareness of what this means to the mentally ill patient.

In such seminar discussions, the student is also encouraged to think of mental illness as the evidence of major injury to the self-esteem of the one who is ill. These discussions are centered upon the patient who has the illness, rather than on the illness itself. Here the student is helped to recognize the frequency with which the human being tends to repress or dissociate impulses, thoughts or desires, not because they have any inherent "badness" in themselves, but because they are "bad" for him in his relationship to those who are significant to him. The student is also helped to see that major areas of human experience may often be dissociated from the stream of awareness, and thus seriously impoverish the total personality. However, because these tendencies are needed and will not be denied, their effect is still manifest within the personality, and these

ndividuals often come to feel themselves as "different" from their fellows. Hence probably follows the ostracism which society vents upon such apless victims of its own inadequacies.

As a result of such considerations, the student begins to see the illness tself as an attempt on the part of the patient to deal with his sometimes lmost overwhelming anxiety. And further, that the patient experiences his anxiety as a result of what he has come to accept is the attitude or eeling of others toward him.

With such an orientation the student comes to recognize the necessity hat everything possible be done to enhance the patient's self-esteem. His whole relationship to the patient then is designed to contribute in every way to the patient's feeling of personal integrity.

Thus in the first place the student must be clear as to why he is in he hospital. Since the patient has already been much too confused in his elations with others: indeed he has often known people who told him that hey loved him, and yet these same people have acted malevolently toward im; so it becomes imperative that the religious worker not add to this onfusion by being for the patient other than what he really is.

In his introduction of himself to the patient the worker explains that e is a "student-chaplain." He has come to the hospital to work with the haplain, and to assist in whatever way he can in the chaplain's program of elping the patient. However he is also in the hospital to learn what he an about this new area of human experience—mental illness. His reason or this interest lies in the fact that he wants to become a better minister o those whom he seeks to serve in the community.

It has been found that such an introduction, realistic as it is, has a ery marked implication which seems to increase the self-respect of the atient. The patient often feels that he has reached the end of the road nce he has entered the mental hospital. From now on there is nothing he an contribute to society. Then in the student-chaplain's request to learn rom him about the very experiences the patient feels have beaten him, he s practically told that he does have something to contribute. For the ery difficulties through which he has come, when discussed with the tudent-minister, can through him become a means of helping others avoid ome of the major pitfalls of human living. It is not surprising to learn hat patients will often talk quite freely after they have been told why he student-chaplain has come to call.

In such an introduction the student also conveys to the patient that e is genuinely interested in trying to understand something of what the atient has experienced. Having developed a little awareness of what the llness might mean to the patient, and that above all it is the patient's efence against greater anxiety, the student refrains from urging the

patient to talk. But he does try to provide for the patient, through the expression of a warm and friendly interest in what he has come through, enough support so that the patient is encouraged to confide something of what has made life so difficult for him.

The major emphasis in clinical pastoral training is the work done with the patient. Each student is permitted to interview a given number of newly admitted patients each week. It is in these interviews, conducted early in the patient's hospitalization, that fruitful opportunity is found for the student to test both his awareness of what the patient is trying to tell him, and his ability to be of support to a person who has suffered a real defeat in living.

In order that the student can be of maximum help to the patients interviewed, certain procedures are discussed with him in advance of his initial interviews. Since these give some clue as to what is attemped in the student-patient relationship, they are briefly outlined. However it should be pointed out, the student is not provided with this information simply to relay it second hand to the patient—though it is admitted that an overly-anxious student will often do this at the beginning of his interviews. It is intended that it will provide him with a certain emotional armamentarium with which he can approach the patient, that is, that the student has something which he knows he can do. And it is also intended that it will supply him with the information that many patients both need and are eager to obtain.

In the next place the student is reminded that his major concern ought to be to make the patient as "comfortable" as possible. The patient is in a crisis situation—this ought not to be forgotten. He came to the hospital often not of his own choosing. He is already anxious by virtue of his own inner conflicts, and being in a new place about which he has heard his share of negative things, only increases his anxiety. There are many questions which bother him, not the least of these being "what is going to happen to me while I am in this place; and what is going to happen to me if I should ever get out?" Such feelings need all the support that can be provided. Unless it is provided, the patient will be found to be too anxious to deal with the very things which prove so bothersome to him. Thus it comes about that the chaplain's significant contribution at this level is one of supportive therapy. Every provision must be made to put the patient "at ease" so that the therapeutic procedures of the hospital may be established, and the patient helped to consider the factors which have contributed to his illness.

To achieve this goal the student will attempt to encourage within the patient a feeling of trust and confidence in the hospital staff. Frequently the patients will feel that the staff are party to the "plot" which

saw them hospitalized. If a representative of the Church, which is regarded s having the interest of the individual as its paramount concern, encourages trust and confidence, this often proves of real help to the patient. his encouragement is often best and most naturally effected by a brief xplanation of the hospital routine, so that the patient knows what to xpect. This is done by giving some information about the hospital, as for xample an explanation of who the staff members are, the visiting and ailing privileges, Church attendance and other concerns of interest.

It may be helpful here to interject a parenthetical note which will hed light on how some patients interpret the visit of a representative f the Church. Often the inadmissable impulses harbored as part of the atient's illness make him feel very much isolated from the community. Thus the last person he expects to find calling upon him is a lergyman, for frequently the clergyman symbolizes the very things with vhich the individual has had so much difficulty. It has been found that ften such patients not only express surprise at the visit, but they add hat they did not feel worthy of it. In this most tangible manner—an ctual personal contact—the patient has come to be reassured not only f the community's interest in him, but the fact that he is not as separated rom it as his feelings had led him to believe.

During this visit the student-chaplain will also attempt to encourage he patient to confide in the hospital doctors. However the patient is never rged to do this. On the contrary, the method used, where there is vidence that the patient is receptive, is to discuss with the patient the act that many people have things in their lives which have proved othersome. Also that these are the very things one finds most difficult, f not impossible, to talk over with people in the community. However within the hospital these same factors do not hold, since the doctors nderstand something of these difficulties. Talking freely with the octors, and sharing with them the experiences which have been found o be anxiety-provoking, have been of real and significant help to a great many people. The fact that the patient has been encouraged to confide is troublesome feelings to those who he has been assured have understanding of such problems, and will keep his confidence, can be a material tep in helping the patient deal with some of his real concerns in living.

Another thing the student-chaplain is encouraged to do for his patient, f there has been sufficient indication that the relationship is reasonably trong, is to help the patient look upon the illness as a constructive experience. As has already been indicated, to many patients simply being in a mental hospital means for them that they have reached the end of the road. There seems to be so little hope—for many their worst fears appear o have been realized! It has been found of help to admit with the patient

that he has reached the end of his road: that in fact things as he knew them, in one sense, have been finished. But rather than this being the end of everything, it can mark the beginning of something new. It is here that the patient can be pointed to the helpfulness of considering with the doctor his previous failures in living, and that from these very failures he can learn more adequate ways of relating to others. Here it is also often helpful to draw attention to some who have successfully negotiated the tortuous trails of mental illness. Mention could be made of people like the late Clifford Beers and Dr. Anton T. Boisen.

Throughout this whole procedure it will be the attempt of the student-chaplain to help the patient accept the fact that there has been an illness. This is conveyed to the patient much more by an attitude than the spoken word. The very phraseology used in talking to the patient, as for example . . . "the doctor, the nurse, the hospital . . . all want to be of help . . . " does much to attain this result. Above all the student is reminded not to argue the fact of the illness with the patient. If the patient says he is not ill, that very statement is accepted as evidence of his need for a "symptom-prop." Until a better means of "defense" has been provided, this one will have to remain.

Somewhere in this initial approach to the patient the student-chaplain will attempt to obtain a religious life history. It is not often that it can be done at the very outset of the interview. It has been our experience that religion in the lives of most mentally ill patients has often been of so negative or prohibitive a nature, that it cannot safely be discussed immediately without the danger of arousing more anxiety than it is possible to cope with at the time. Thus very frequently the student-chaplain will need to allow some time to elapse during which the patient will be able to ascertain that the interviewer is a reasonably non-threatening sort of person, before the more direct questions concerning his religious life can be asked.

It is very helpful to learn from the patient just what significance religion had for his living. Thus questions dealing with his participation (or lack of it) in the activities of his Church, his feelings about God, the Scriptures, the Church itself, doctrine and the religious practices of his faith group, all can provide valuable clues in an attempt to evaluate the patient's resources to meet the present crisis experience.

Here will be cited a report of an actual initial religious interview:

> This interview was conducted by one of the community clergy who was in the hospital for the introductory course in clinical pastoral training. The patient was interviewed following a recommendation by the doctor that the patient had revealed marked religious preoccupation during the period of his acute disturbance.

During the short period of his hospitalization at Gallinger Hospital prior to admission to St. Elizabeths, this patient was said to be—"disturbed, violently excited, uncooperative and negativistic. Mute, refuses to answer questions. Stares blankly into space with a mask-like look in a perplexed and bewildered manner. He is manneristic, makes grotesque gestures, is apparently actively hallucinated in both auditory and visual fields. He is inaccessible."

The admission note done by a St. Elizabeths physician on October 7th, 1948, states—". . . there was a sudden onset of an acute psychotic episode during which he leaped through the glass window of his home." It is further recorded that it was not possible to get information about the patient's personal history until he was sedated with intra-venous sodium amytal.

The following information is an exact recording of the material submitted by the student-chaplain after his interview. The student-chaplain had been introduced to the patient by the chaplain, following which the chaplain withdrew. Interview dated October 27, 1948.

INTERVIEWER

As the chaplain said, he and I are here to help you if we can and to find out how you are getting along.

PATIENT

I understand. Everything is going all right. I'm much better now than when they brought me here. (Silence)

INTERVIEWER

I'm glad that you are better. Do you want to tell me about it? (Patient bowed his head, laughed uneasily, almost roguishly, then looked up giving interviewer a searching glance.)

PATIENT

Well, Reverend, you see my family is very religious. My mother is very religious and I have a brother who is a member of the Holiness Church. We were all brought up to be very religious but I guess every family has a black sheep. (Pt. stared intently at at the interviewer at this point and . . . silence.)

INTERVIEWER

How many are there in your family?

PATIENT

There's seven of us. I have five brothers and one sister. My sister is my half-sister. You see my father was married before and his first wife died. My half-sister was born to my father's first wife.

I also have an adopted brother. He's the youngest of the five boys, I mean six boys.

INTERVIEWER

Is your father living?

PATIENT

(Pt. answered but the interviewer has forgotten. The impression is that the father is dead.)

INTERVIEWER

Are you living in Washington now?

PATIENT

Yes, I live with my two brothers at . . . You know 11th Street doesn't run through but I live in the middle of the block. I run out of New York to Jacksonville on one run (pt. is railroad employee) and on the next I go to Jacksonville. I take the train out of here so I live here. (Pt. bowed head and smiled.) Then too, my girl friend lives here.

INTERVIEWER

Does she live at the same address?

PATIENT

No, she lives with a private family. (At this point, pt. took a Kleenex out of his shirt pocket and laughed. The Kleenex was smeared with what appeared to be lipstick.) She was here to see me the other day.

INTERVIEWER

Have your brothers been here to see you?

PATIENT

Yes, my brother has been to see me. He's been with me ever since they took me to Gallinger.

INTERVIEWER

What happened?

PATIENT

I guess it began a long time ago. You see I lived in a small town. H. is a country town I guess. I went to church regular and I was converted when I was twelve. I was real happy. After I finished school I knew there wasn't enough money for me to go on to school, so I went to work for the railroad and I worked at home for two years, and then I got a chance to go on the road. Well up to that time I didn't smoke or drink or gamble. I was very religious. Well, when you're with the crowd you start doing what the crowd does .I guess I was green and I wanted to have a fine time. We used to play in New York and Miami. You know

how it is. So I began to do lots of things I know now I shouldn't have done. Well you know how it is. I was making good money and I didn't know what to do with it. I was always lucky. I guess I always cooperated. Lots of times I went out as a fourth cook . . . that's a dishwasher . . . and when the runs were tight if there was a chance they always gave me the preference. If I had saved my money I would have a nice piece of change.

I'm telling you this so you can understand what happened or at least what I think happened. When I was young I got sick and had to go to a sanitarium. I felt as good when I came out as when I went in. I guess I was about twelve then. Well the other day my shoulder began to hurt and I thought that I was getting sick again, and then the thought struck me that if I was going to die the way I was living I wouldn't be saved. That thing worried me. I prayed and prayed but I couldn't get happy. I tried and tried but I couldn't get happy. I kept thinking that I was going to die. I couldn't sleep and I used to tell my brother that I wanted to get happy. Well the day I came in off my run I was thinking about it. I undressed and lay down when I heard someone saying 'hello' just like they say it in the country. You know how they stand at the gate and holler. Well I got up and there was a Reverend at the door and he asked me who was driving the cab parked outside. I told him that I didn't know but I would go out and blow the horn. He told me that I couldn't go out just as I was and then I realized that I would have to get my clothes on, but I told him that I would go just as I was. He said never mind, and went on down the street. I thought about that a long while. Why did he have to come and ring my bell in the daytime when he could have caught a cab at the corner? Well I went in and went back to bed. That night I couldn't get my breath, and I thought I was going to die. I woke up my brother and told him that I thought I was dying. I asked him to go upstairs and get the picture from the lady. It was a picture of Jesus on the cross. He looked at me just as real. I told my brother to go get a doctor and the next thing I remembered he came back with two policemen. I heard them say 'you know what we got to do.' I guess I thought they were going to kill me but I kept asking my brother to go with me. They started after me and I jumped out of the window. I didn't feel anything except the blood on my face. It felt very warm. The next thing I remember, I was at Gallinger. They tell me I wouldn't let anyone come near me unless he had a white coat on like the doctors. Then they took me before the judge and gave me some papers and sent me here. Wait a minute and I'll show you the papers. I've been before the board here but I'm still here so

I guess I didn't pass. I know I didn't if I'm still here.

This patient was admitted to the hospital October 7th, 1948, diagnosed "DEMENTIA PRAECOX (Schizophrenia): CATATONIC TYPE." He was discharged March 27th, 1949.

This interview is cited because it illustrates rather well some of the significant features often found in initial religious interviews.

First is to be noted the naturalness with which the patient reveals some of the content of his problem to the cdergyman. It is not without significance that only a few days later when he appeared before the Admission Staff Conference (November 2nd) the impression he gave the Staff was "he has only a hazy recollection of much of the content he is said to have experienced, and also some of his behavior." Why this is so, that he was able to relate this material rather freely to a minister but have difficulty discussing it with the medical staff, is a matter for speculation. However this writer is inclined to believe that the patient must have done this for two reasons. First, the conflict is obviously manifest on what might be termed the "religious level" and as such is a matter of direct concern to the religious interviewer. And it appears to be so accepted by the patient, for the patient seems to be aware that whatever happened was for him a "life and death struggle" and as such touched upon fundamental religious concerns. Then second, there was definitely much guilt associated with the patient's past experience. One needs hardly to comment on the fact that this phenomenon of human experience—guilt—has been for centuries the province and concern of the religious worker. How wisely this has been dealt with by the clergy is of course quite another matter.

In conclusion, one additional comment might be made about this interview. This comment would hold equally well for interviews of a similar nature. Whenever the student-chaplain or clergyman is at all permissive, friendly and encouraging, so that the patient obtains the feeling that a genuine attempt is being made at understanding what has happened to him, a great many patients will often talk with considerable freedom. It is submitted then that with such encouragement, and the spontaneous ventilation of these guilt-ridden feelings, during which process the patient feels no condemnation or rejection, social reintegration becomes much more easily possible for him. It is in just such ways that clinical pastoral training provides its contribution to the hospital's therapeutic program.

PSYCHIATRIC AND PASTORAL COLLABORATION WITH REFERENCE TO SCHIZOPHRENIA

Leon Yochelson, M. D.

(This paper was read at the Annual Meeting of The Mental Hospital Chaplain's Association held in Washington, D. C., April 21st, 22nd, 1949. Dr. Yochelson is a practising psychoanalyst identified with The Washington School of Psychiatry.)

It is indeed a pleasure that I can be with you this evening and present some ideas egotistic enough to want expression. I feel quite at home here having had frequent contact with Mr. Bruder as friend and colleague, with mutual interest in the clinical pastoral training program when I was on the staff at St. Elizabeths hospital.

Perhaps you already catch a glimmer of one of my main themes, one which centers about the word "colleague." Those of us versed in Webster's Abridged Dictionary will note a technical error, for "colleague" usually refers to an associate in an identical profession. But I trust that here we may develop a these of colleagueship, which, all too unfortunatly, a few of our *literal* colleagues have in a highly defensive manner, denied.

Let us consider the relationship of psychiatry and religion. Psychiatry, briefly, is the study of man in the frame of reference of interpersonal relationships. Religion has to with man's attitudes towards God, man and the universe. In examining these two statements we find one major common denominator, man's relation to man. It is here that our professions operate at the same level. It is here, surely, that we can work as colleagues, in a joint effort to study man amongst men,—to study and strive for the dignity of man.

That in the past there has been a cleft between our two professions, is apparent. But why this cleft when we have such a major aim in common? One of the reasons, as far as I can determine, is that in the writings of Freud (to whom we owe a great debt for crucial research in psychiatry) one may discern with ease a hostility towards religion. But surely it would not be appropriate to allow this one particular factor to alienate our professions. Another cleft producing factor, held by many, is the emphasis on sexuality which psychiatric literature places in personality development. In this area, however, study makes it apparent that there are probably more misconceptions than valid concepts concerning sexuality. Soon after Freud's works gained popularity, many stated that he advocated that since inhibition of sex drives resulted in maladjustment, then it would follow that to achieve adjustment, one need only allow uninhibited expression of the sex drives. If this naive premise were a fact, one need only to give a stereotyped bit of sexual advice to all who come with problems and all would be solved. It is no wonder that a certain sense of suspiciousness with a resultant lack of collaboration has arisen

between our professions. Some theologians feel that psychiatrists see sex in everything: some psychiatrists feel that the theologians do not appreciate the importance of sex, that they try to dismiss the problem of sex with a simple bit of advice. Therefore, our professions line up in a battle array of words, taunt each other, get into polemics or uncomfortable silences. And the end result is that our common denominator—man—our fellow man—becomes the no man's area, and he is the one who loses out.

The broader aspect of this cleft producing problem centers about the great controversy of guilt and sin. The psychiatrist, we are told, frequently works to dissipate a sense of guilt in his patients, while the minister works to encourage a sense of guilt. Here our professions appear to work against each other. But here I must point out a general misconception; the well trained psychiatrist works to dissipate that guilt which is irrational; he does not strive to remove guilt which is associated with unethical acts. In the vast majority of neuroses and psychoses there is to be found a marked degree of guilt, much of it unconscious, carried about to the detriment of creative endeavor, to the detriment of self-respect, to the detriment of respect to one's fellowman. It is this guilt, highly irrational, highly destructive, frequently centering about trivia, which should be removed: this irrational guilt which drives people unwittingly and continuously to act out a fantastic atonement in neurotic or psychotic behaivor. The minister here aids by abstaining from invoking this type of guilt. We shall need to work together to achieve a nice balance in this matter.

Now that we have scolded ourselves roundly, I trust the air is clear so that productive collaboration may ensue. In summary, I believe that not only *can* we work together, but we must. Though there are differences between our professions, as there are differences between people, I offer the thesis that despite the differences, like people, we have more in common.

Let us now shift the emphasis somewhat from ourselves to our patients and parishoners. If we look about us, if we look at ourselves, it becomes apparent that the human organism is constantly in the process of adjusting to ever present vicissitudes, what we can generalize as problems of living. Some are not so fortunate as to be able to engage in major adjustments in a manner acceptable to the community. A certain percentage of these people enter mental hospitals, many of these in the midst of overwhelming anxiety, striving for a readjustment which so frequently seems unattainable. Another percentage of these people in mental hospitals seem not to present pictures of an anxious striving for readjustment to a normal equilibrium, but rather the end result of an

successful attempt at readjustment, of having given up the struggle r health, of settling down to a devastating hopelessness. The most drama- examples of these highly constrasting patients are the catatonic nizophrenic and the hebephrenic schizophrenic. You are all acquainted th the catatonic who may show the acute excitement, the stupor, or th in alternation. The acutely ill catatonic patient frequently, despite s terrible appearing excitement, is giving outward evidence of an intense uggle for recovery. Let us take a close look at this patient. Before spitalization he is likely to have had an experience similar to this: a period, usually quite brief, he has preoccupation over some problem th attendant anxiety and insomnia. He is aware that something is ong within himself. Then a peculiar phenomenon—ideas come as ough from the outside. These ideas surge forward with intensity and idness such as he had never experienced before. The very intensity d vividness of the ideas gives the patient the idea that perhaps they e divine revelations and that therefore, he, our patient, has a special ssion or that he himself is God, or at least his personal representative. ith this tremendous experience our patient drops everything, and even the midst of the night, runs out of his house, unclothed, proclaiming s convictions to the neighborhood. Hospitalization follows quickly and see him dishelveved, frequently incoherent, excited, disturbed. With t and good fortune his communications become clearer and we are l to understand the importance of his mission, so important, that unless can fulfill his mission, the world is soon to be destroyed. His mission, it revealed, is to be fulfilled by his own destruction.

This grand gesture of suicide, then, is not because of any deep se of grief or depression, but is an act prearranged as though in a ama, and our hospital, the stage.

It is important for us to note that the picture to this point is that a person confronting overwhelming anxiety, a person making tre- ndous effort to find a solution to overcome this anxiety. The bright lored thread woven throughout his efforts is that which indicates the uggle to maintain self-esteem. So often, however, the esteem he claims utterly fantastic and prevents a satisfying relationship with his con- mporaries. This variety of schizophrenia seems to be the result of the uble peojardy of guilt and extreme loneliness which join forces to crush at is probably an already vulnerable self-esteem. We can get our clues helping our patient regain his personal and interpersonal status from at we have so far learned about his guilt and loneliness. It is here that can interfere in our patient's morbid process. It is here that our ofessions can join hands in a profitable venture.

Here is what a schizophernic catatonic patient wrote concerning s own experiences—"During the first two weeks of my psychosis,

religious experience provided that dominant factor of the psychotic phenomena. The most important form of religious experience in that period was religious ecstasy. The attempts of the thoughts—out—loud to persuade myself to adopt a messianic fixation formed the hallucinary background. In affective aspects, a pervasive feeling of well being dominated the complex. I felt as though all my worries were gone and all my problems solved. I had assurance that all my needs would be satisfied. Connected with this euphoric state, I experienced a gentle sensation of warmth over my whole body, particularly on my back, and a sensation of my body having lost its weight and gently floating.

"Underlying the immediate experience, an acceptance of the agent behind the thoughts-out-loud as a divine authority provided the basis upon which the ecstasy flourished. I believed that the agent possessed great powers which it would use to help me solve my problems and to assist me satisfying my needs. I anticipated its powerful aid in accomplishing those things I wanted to do. I had faith in its ability to aid me in the accomplishment of great deeds for which I would receive great honors. I believed that the agent intended to use its powers to assist me to attain ends which would benefit myself and humanity."

The words of this patient indicate to us the transfer of responsibility and the satisfaction of needs to a higher authority. Further, they indicate the need to transfer the feelings of guilt to someone else. Also, the words indicate the loneliness of our patient. How can we interfere constructively in this process?

Of the facts here presented, let us consdier the matter of loneliness. The loneliness is a cause for the person's anxiety, and at the same time is itself a sign of long-ago experienced anxiety. To be left unattended might in time likely lead to an irreparable incapacity. The matter of the loneliness as a sign of the anxiety in early development, I believe should be explored by technical methods of psychiatry. Where we clearly join hands, I think, is in much of the current anxiety experienced by reason of the loneliness itself. Amongst the many reasons for the loneliness from a developmental point of view is a self-enforced seclusiveness because of the frequent disappointments which our over-sensitive patient has experienced. His fingers have been burned many times if we view close relationship, as our schizopherenic patient frequently does, as a hot dangerous stove which he is not sufficiently skilled to handle properly. Then we enter his life, to offer our help if he will only accept it. At first he may be somewhat suspicious, but this should not discourage us, no more than it should discourage us if a child would hesitate to come near a stove once he has been burned. We give the child or our patient an opportunity to scour the field, to examine the stove or the human

ationship we offer. Then he may accept us. Once this happens we st especially be on our toes, for once we gain some trust of our ient he should not be given reason to regret that trust. A forgotten ointment, a neglecting to bring something we promised our patient y reinvoke the great disappointments he previously experienced at hands of significant people. And we note that the disappointment, wever trivial the reason seems to us, takes expression frequently in sudden change in mood, an enhanced aloofness, a stupor, a wild itement with assaultiveness. We must remember that the disappointnt is especially great when we realize that in a sense we seduced patient into trusting us, a seduction displayed, from the patient's nt of view, by our interest, our permissiveness and probably by promises, expressed or implied, of our continued interest.

Now, going on the principle that none of us is perfect, how to estall the great disappointment in our patient? How can we prevent n from being burned again so as to avoid his developing a phobia ainst stoves, from confirming in his mind that we are just the same the other disappointing figures in his life? I wish there were a method sitive and concise enough to achieve this, but I know only of two, and e of them is only remedial.

In the beginning, it behooves us to take every precaution to prevent e disappointment. When we acknowledge our interest in the patient, have committed ourselves to him; we must expect to be flexible ough to handle his demands appropriately. The request for an extra erview, even at odd hours must be considered seriously, for this may his attempt to test our interest in him.

So much for that. Recognizing that our memories are not perfect, ere are times that problems of our own with their attendant anxieties ay result in our foregetting an appointment with our patient. It becomes andatory for us, in an instance such as foregetting an appointment, contact that patient as soon as possible in order to avert or at least minimize the undesirable and dramatic reactions of the patient I have eviously described. Why all these precautions? Because we have to sume the burden of establishing a relationship, then maintaining it roughout its precarious early and intermediate stages. In so doing we e taking an active role in interfering with the patient's loneliness, we e literally teaching him, not by words but by the communication of sture and act that the stove can be handled properly and the flame of uman relationship lit in a way that he shan't be burned—at least, not o seriously. In so doing we become identified as the good in the good nd evil conflict perhaps being waged in the patient. The patient can ly himself with the good—with us—in the battle against evil, so much

of the evil being, we should not forget, the giving up, the surrender of one's life to loneliness, apathy and frequently to deterioration.

Another aspect of the good—evil conflict is the tremendous guilt within our patient. As indicated previously, much of this guilt is irrationally motivated. Frequently, a major share of the guilt is present because of hostile thoughts and feelings towards significant people in the patient's life, current and past. Our hypothetical patient is unable to tolerate the awareness, not to speak of the expression, of hostile feelings, resentment, hateful ideas. Usually these are camouflaged so successfully that our patient himself is unaware of them. But as he gains confidence in us, he may cautiously begin to express them. If our own anxieties now surge forward, if we ourselves are unable to tolerate the hostile and hateful feelings of another, if we then express our disapproval by word or attitude, we may be eminently successful in stopping the hostile display, but at the expense of further development of the doctor or pastor—patient relationship. I would not be surprised if the relationship not only did not develop further, but that it ceased then and there. The reason is that we have, as have the earlier significant people in the patient's life, crushed his efforts at self-expression in the verbal sphere. We must be prepared, then, to accept our patient's communications in a permissive and interested manner, giving full measure of respect to his utterances, maintaining also an attitude of curiosity and attempt at understanding his so frequently all too obscure words. Our helpfully curious manner itself is eventually communicated to the patient so he too begins to think in terms of 'what does this all really mean?' Our permissive attitude, allowing him to release some of his hostility, is encouraging to the patient, for this monster of hostility, a little exposed, does not cause the world to disintegrate, and his confidence in himself, his self-esteem, is heightened a bit. The more this is accomplished—and we caution ourselves to engage in this slowly—the less will, as a rule, be the patient's hallucinatory and other abnormal expression. With this decrease of religious phantasy there frequently appears a more mature feeling for religious attitudes, a greater capacity to reaffirm himself as a social being in relation to his fellow man and God.

Earlier, I mentioned, almost in passing, the problem of the hebephrenic schizophrenic who appears to have given up the struggle for health and who has dropped into a seclusive world of phantasy and who is generally regarded as "hopeless." Let us pause a moment over this word "hopeless." What are its implications to us who have dedicated ourselves to helping the sick? In the average hospital this hebephremic patient who has been sick any length of time resides in the familarly-termed "back ward." Some are "trained," mind you, to polish the floors or to help on the farm. Most of them stand or sit about disheveled, fre-

occupation. There are so many of this type of patient that we turn our books which reaffirm our original description that these are the ple who have given up the fight for health. Indeed, here is a fine mma. Here seems to be a large group, desperately needing help, but ich is reputed to have no particular response to therapeutic efforts. So, litional years on the "back wards" follow. This is an attitude truly simistic, disheartening, devastating. This is an attitude from which progress evolves.

You gather from my tone that I am not in agreement with the itude at large towards our hebephrenic patient. Perhaps it would be ful for us to think of this hebephrenic patient as our hebephrenic ow man. I am not here to request you to spend even more time from ir already overburdened schedules on those whose outlook is terribly r. I am now speaking to those of you who are interested not only in lying that which is already known, but who for some reason or ther have developed a curiosity about these problems, and are willing devote some time in research. I can tell you this. I have seen schizo-renic patients on the "back wards" of hospitals greatly improved by persistently applied skill in a setting of warm curosity. I have seen ients, known for their inability to talk coherently, begin to speak in way conventionally understandable. Some of these improved not because any mysterious, patented skill, but through the aid of a dependable, n-disappointing human relationship. There is a crying need for well umented observation not of our hebephrenic fellow man pushing a p, but a chronicle, carefully recorded, of what transpired in contacts ween the patient and the therapist, psychiatric and pastoral. It is in s way that progress can be made.

We do not intend to minimize whatsoever the seriousness of the bephrenic's prognosis. But let us not allow a lack of knowledge to deter from at least a constructive effort. I would, in effect, highly recommend at these forgotten battalions of hebephrenic patients be at least offered human relationship, such as we have described with reference to the tatonic patient.

To remove any anxieties stirred up, if there are some occupational erapy devotees present, I do not suggest that the recommended human lationship replace the broom and mop, but at least supplement them. t me take opportunity, at this point, to reemphasize that by a warm lationship we do not mean an over-solicitousness or excessive sympathy, t rather a demonstration to our patient that we are there, prepared to er what we can constructively; that we are there at least to try to derstand what is going on within him.

quently with apathetic face, gesticulating and moving their mouth inaudibly, giving to us, the observers, evidence of active hallucinatory

There are many aspects of doctor or pastor-patient relationship which have not been mentioned this evening. I have presented a few ideas which have seemed to me to be important in the more successful handling of our patients. It is our job, yours and mine, to work harmoniously to get our patient gradually to emancipate himself from institutional care in exchange for a way of living more mature and satisfying.

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A PROGRAM FOR RELATING THE CHURCH TO SOCIAL WORK AND COMMUNITY

By Rev. Leonard S. Edmonds

Director, Department of Social Welfare, Washington, D. C. Federation of Churches

By and large, clergymen and social workers enjoy only a casual relaıship. In many cases, in actual practice, they have no contact at all.

What is the difference between public and private welfare? What kind agencies are financed by the Community Chest? How does a Council of ial Agencies serve a community? What is meant by the casework roach to personal problems? These are basic questions to any undernding of professional social work, yet most clergymen would have great iculty answering them.

The social worker is no better enlightened with respect to the ministry the Church. That her "client" might profit from the group experiences the Church or the listening ear of the pastor is a fact that all too seldom urs to her. What does the Church mean by forgiveness, atonement, owship, love? The social worker's understanding of these emphases is to be vague indeed, yet every day she deals with human dynamics t differ for the most part only in their labels—guilt, compensation, ntification, and so on.

Actually, social work is deeply rooted in the Church and its doctrine Christian charity. It is organized religion, historically, which has been pioneer responsible for almost every kind of health and welfare activity prominent today. But it pioneered in a field which eventually became vast—and thus was born a new profession.

A very sizeable social work practice, however, still remains under the spices of organized religion, especially in the area of institutional care homeless children and the aged. There are also the "Y's" for men and men. There are hospitals still under the auspices of the Church. Within daism and Roman Catholicism, there remain the full-fledged case-work- agencies as well as institutional services. Fewer casework agencies ist under Protestant auspices.

Yet it is the practice nowadays to refer to the various Churchnsored activities as a Church-*related* agencies and institutions. That a term accurately descriptive. They are *related* to the Church but in ny respects more closely identified with the social work profession than th the Christian Fellowship. Many of them, for example, are non-secrian in the services they offer and in the auspices under which they erate. Many are partially or totally financed by the Community Chest. nd as far as their social work techniques are concerned, one would be rd put to discover anything distinctive in their approach by virtue of

their relation to the Church. Still further, a clergyman, Protestant particular, is often on no better speaking terms with a Church-relat agency than with an agency completely secularized.

There are many factors that have created this rather unfortuna chasm of non-familiarity between the pastor and the social worker. T tendency on the part of the Protestant Church to transfer responsibiliti for recreation, education, health, and welfare to community shoulders; t advent of the scientific age and its understanding of human behavior; t degree to which the modern student of human personality has been e amoured with his new insights and techniques; the fear shared by bo minister and social worker that they may not have all the answers; a the very magnitude of social need itself, far beyond the capacity of t Church to meet—these and many other factors have combined to produ the estranged situation as we know it today.

There are many exceptions, of course, all of which are encouragin A few clergymen, for example, will be found on agency boards. A larg number will use the resources of agencies in handling their pastoral pro lems. And in some instances a "down-town" church will employ a pr fessional social worker to attend to its welfare problems. But the exceptions are still too few to permit complacency.

This writer is not proposing that social work should be returned the Church, or that the social worker and clergyman should start practici each other's techniques. Obviously, the social work profession has a established place in our society apart from religious auspices. It is propose only that the minister and social worker get acquainted and combine the resources in meeting human needs, for neither one dare assume sole re ponsiblity for the welfare and destiny of any human being.

In relatively recent times, some progress has been made in this directio within the Protestant cooperative movement. State, county and city Cou cils of Churches have increasingly established Social Service Departmen for the purpose of relating the churches more closely to social agencies. must be remembered, of course, that such Councils are always the creatio of the churches, meaning that, as far as their social service programs a concerned, they are the evidence of a growing sense of need on the pa of the clergy themselves for a closer relationship to the community a its resources.

The Department of Social Welfare of the Washington Federation Churches is one of these interdenominational, parish-created agencies.

Established in 1937, the Department of Social Welfare is a part an organization having a membership of over 200 of the most responsib Protestant Churches, Negro and white, of Metropolitan Washington. represents all the major denominations of the city and a Protestant co

ıency of approximately 110,000 persons. It serves an even wider con-
ıency since it does not limit its services to affiliated churches only.

Since 1937, the Department has worked aggressively in an effort to
the churches render a more effective social ministry. It is concerned
the attitude a pastor takes toward the personal and social needs of
ons seeking his counsel; with his understanding of the various psycho-
al and social, as well as religious forces that play upon the distressed
on's life; with his knowledge of how the community is organized for
l welfare, governmentally and voluntarily; with his ability to use the
l agency resources and to appreciate the particular skills and under-
ding which the social worker brings to human problems; and with the
the Church can play in dealing with the social and economic causes
ıman distress.

The Department is concerned both with the problems of individuals
the problems of society, and it believes that the full resources of the
rch must be united with the full resources of social work if either the
lems of individuals or of society are to be dealt with adequately. An
t will be made, therefore, to relate some of the essential services
ered by the Department and their significance to the clergy and the
nunity.

Relating the Minister to Social Agencies

In a city the size of Washington, D. C., there are actually hundreds of
al agencies and other resources that can serve the parish minister.
le the minister should know the general pattern of community organi-
n for social welfare, he is not expected to understand in detail how
e many agencies function—their various eligibility requirements,
e, and limitation. This would be a full-time job, and the average
ster is not in a community long enough to become so thoroughly
ainted with it.

How, then, is he to make use of this vast, but often complicated
rvoir of resources? One help is through the Social Service Department
Council of Churches. Such an agency is a specialist in community
urces. It is expected to know what does or does not exist in a com-
ity for helping people in distress.

This, then, points to one of the basic functions of the Social Welfare
artment of the Washington Federation of Churches—an interpretation
referral service.

Recently, a minister called the Department about a little four-year-old
in his parish who had suddenly become extremely disturbed. The
ister observed that the child had apparently been deeply frightened
a somewhat older boy in her Sunday School class who had told some
-raising stories and, in the character of his stories, had said he was

going to "cut off her head." Since then, the four-year-old had lived mortal fear of this boy. She refused to go to Sunday School or any pla else where she might encounter the boy, and had been having repeate nightmares as a result of the incident. The child's parents were bot college graduates and appealed to the minister for help in dealing wit their child's problem.

In talking with the minister, it was discovered that both he and th parents appreciated the acute psychological significance of the child's be havior and wished to have the problem dealt with on that basis. Thereupo the minister was advised of the services of a particular child guidanc clinic in the community.

This is typical of a daily service rendered to pastors and churc workers. The more frequent problems involve financial need, marital diff culties, personality adjustments, child care, health problems, care of th aged, alcoholism, and other similar problems that come to the minister' attention.

The Department is concerned first that the minister see the problen in its proper perspective, for a successful referral depends upon his own attitude toward the problem and his capacity to follow through on the information given. This in itself often calls for the counseling process Does the minister's attitude tend to be judgemental or fairly objective Does he show an awareness of some of the underlying social and psycho logical causes, or does he see only the symptoms of the problem? Does he recognize that responsibility for dealing with the problem rests in the hands of the person seeking his help, or does he tend to take responsibility on his own shoulders? Does he have confidence in the social case-work or psychiatric approach, or is he resistant to such procedures in dealing with human ills?

In other words, a successful referral includes not only the giving of information but also helping the minister to act constructievly on the information given—and that depends upon his appreciation of the rea nature of the problem and of the resources available for coping with it.

A clergyman may have the sincerest desire to help a troubled person That, however, does not in itself qualify him as a counselor. Lacking pro per information and understanding, his good intentions can actually com plicate the problem he would solve.

The minister's insecurity in the presence of the problem is often responsible for more errors than any other single factor. He may realize for example, that religion does not necessarily have the answer for every thing, and that the difficulties of his parishioners do not always find their solution in spiritual guidance. But his lack of familiarity with other ap

aches may cause him to be overly defensive with respect to his religious ources and thus cause him to appeal to religion when counseling of a h different nature is indicated. This, of course, is a blind spot with ch many professional people, other than clergymen, are afflicted.

Or he may compensate for his lack of information by making a hasty rral to an agency wholly unequipped to deal with the problem pre- ted. Such a referral serves only to destroy confidence in the minister and ause the distressed person painful and useless "running around" to over the help he is seeking.

Again, the minister may be flattered by the fact that someone has e to him for help, while at the same time be fearful he may not be able rovide the help wanted. He is thus tempted to overplay his hand—to e assurances he cannot fulfill, to take on himself responsibility which uld remain in the hands of the person he is counseling, or to commit gency beyond its capacity to serve. "Go over to see Miss Green—she'll e care of it for you" is an ever-present temptation and the easy way out en the minister wants to take some positive action without knowing t what action to take.

Obviously such errors play havoc with the clergyman's reputation as astor, not only in the eyes of his parishioners but also in the eyes of ncy workers whose jobs are made more difficult by his haphazard coun- ng maneuvers.

The Department of Social Welfare can help to provide the minister h the security he needs in handling his pastoral problems, and many shington clergymen have long since learned to use the Department for purpose. They have learned that their inability to make an accurate gnosis of a personal ill and their unfamiliarity with the maze of agency ources are not an excuse for making hasty judgements and do not clude an effective pastoral ministry.

During the past year, the Department has initiated a service to pastors ich has proved uniquely welcome and valuable in providing them with ctical and usable information about the various social services in Metro- itan Washington. It consists of a monthly "Information Sheet" entitled *ding Help on Pastoral Problems*, each issue devoted to a specific group of ncies serving a particular kind of problem, and distributed to approxi- tely six hundred Protestant clergymen and church social workers in ashington and vicinity. To date, information sheets have been prepared such areas of social service as "Public Assistance," The Transient and meless," "Marriage Counseling," "Adoptions," "Counseling Unmarried thers," and "The Physically Handicapped."

The aim of this service is to provide the clergy with a conveniently ssified and usable "directory" of agency resources. It also attempts to

define the problem which has brought the agencies into being and to interpret their approach in dealing with problems on a skilled, professional basis.

As an illustration of this service, excerpts from the information sheet dealing with the minister's "Counseling Unmarried Mothers" are given below:

COUNSELING UNMARRIED MOTHERS

The Letter "A"

"Hester Prynne, in Nathaniel Hawthorne's *The Scarlet Letter*, was required to wear until death the letter "A" for "adultress." Such was the understanding and the ministry she received from her community! She might better have been stoned as were the Hester Prynnes of the days of our Master.

"As a reminder that stones and brands of shame have no place in our ministry to the needs of the unmarried mother and her child, and in order that the minister may make the best use of the resources of the Church and the community in counseling such persons, this bulletin is prepared.

Past and Present

"Illegitimate pregnancy is not an uncommon occurence. It occurs among all classes and groups of people. It involves people in social and psychological experiences with which the Church is deeply concerned, such as the creation of a new human being, parenthood and parental responsibility, guilt feelings and anxiety, the need for social acceptance and usefulness.

"That such problems confront the average minister rather infrequently reflects the negative and punitive attitude which society and the Church have taken toward unmarried mothers and their children in the past. We are still not too far removed from the age of stigma, ostracism, public whippings, imprisonment and other forms of social and legal punishment. Indeed, the fear of such punishment is still so real that it often results in the unmarried mother's concealing her pregnancy when she should be under a doctor's care; or in abortion, the death of the mother in childbirth, suicide, the abandonment of the baby, or even the crime of infanticide.

"Thanks to the vision of such persons as Charles N. Crittenton and Kate Waller Barrett of a few decades ago, and to the more realistic understanding of human behavior brought about by psychiatry, social work, and related fields, the unmarried mother and her child of today can be spared the tragedies of former days

and can be guided to a useful, self-respecting life.

"The minister has a role to play in this process. He has much needed resources to offer. He is sometimes the unmarried mother's first counselor, and the counsel he gives when that is true will have a profound and determining influence, for better or worse, upon the future of the mother and her child. It behooves him, therefore, to know his role and how to play it if the unmarried mother and her child are to find in him, together with the social worker, psychiatrist, nurse and doctor, the promise of a full life and a secure future."

The next section is aimed toward helping the minister see the problem, any given case, in its proper perspective. It is pointed out that illegitimate pregnancy is not just a moral problem, and cannot be dealt with ely on that basis. The minister is cautioned to be aware of the many sative factors relating to the young woman's own personal adjustments, relationships to her parents and friends, and the social environment in ich she lives. What are her anxieties and fears? What kind of plan can worked out for the best interests of all concerned, particularly for the by? And how can community resources be used for such planning? Thus, minister is advised of the complexity of the problem, of its psychological and social implications, and of the great skill and understanding uired for its proper handling.

So the Minister Counsels

"It is not assumed, of course, that the minister must find the answer to all the questions that the problem poses, or that he will take it upon himself to help the unmarried mother find the answers, This is the responsibility of the social worker, the psychiatrist, the doctor.

"But the minister can be aware that the problem has these many facets. He can have some knowledge of the resources of the community for providing the care that is needed—the agencies and maternity homes. He can help to protect the mother and her child from a critical and cruel community. By understanding and interpreting her problem to her family and friends, he can help her rediscover security within her family and acceptance with her friends. Through the group fellowship of the Church he can spare her the pain of moral and social isolation. He can help to relieve the panic experience of the mother and her family by guiding them in the realization that all the problems confronting them do not require immediate solution, but can be worked through one step at a time over a period of many months and with the best skills of the community at their service.

"1. *To a Maternity Home*: The maternity home for unmarried mothers is the expression of the community's eagerness to provide the unmarried mother and her child with the care and protection they need and to help the mother work through and assimilate her experience. Social workers, nurses, doctors and counselors combine their skills and interests to provide her with a pleasant home during the several months of her confinement; to give her and the baby the best possible physical care before and after delivery; to help the mother plan wisely for the baby and make decisions which she will not later regret; and to prepare the mother, through well-planned recreational, educational, and religious activities, for returning to the community a more mature and responsible person."

There follows, then, a listing of maternity homes with information a to how contact and application for care are made.

"2. *To an Agency*: Under the condition that the unmarried mother wishes to explore other types of care, such as with her own family or relatives, she may be referred to those agencies offering skilled casework service to unmarried mothers, though not a maternity home service. Should such a plan be decided upon, arrangements would be made with one of the local hospitals for eventual confinement and delivery."

Again there follows a listing of the various caseworking agencie providing such services. The Information Sheet ends with the final sugge tion that if further help is needed, the minister can call the Departme of Social Welfare.

With the sixth issue a letter was enclosed asking those clergyme for whom the information sheets did not serve a real need, and wh wished to be dropped from the mailing list, to so notify the Departmen From the six hundred, only two requested that the service be discontinue one of whom stated, "I am so tied up with my building program that don't have time to give to such problems." The other felt that it was useful service but that it was too expensive.

On the other hand, there were received many scores of unsolicite replies commending the Departm t and asking that by all means th service be continued. The Department has reason to believe therefore, tha this service is a highly valuable education tool, and that it is contributin much to the minister's sense of security in his pastoral work.

In addition to the direct services of interpretation and referral offere the minister, the Department is also available for a limited amount counseling and casework for those persons referred to the Departme

the clergy or for those who come to the Department on their own iative. In particularly difficult cases, the minister will often refer his ishioner to the Department rather than attempt to deal with the blem himself. In such cases, the Department proceeds only far enough nable the individual to define and accept his problem and to seek the cialized service which he needs. The Department then refers the indi- ual to the proper agency and takes such steps as are necessary to relate pastor to the agency that no break may occur in his pastoral relation- p to his parishioner. It can be seen, therefore, that the Department ps its casework and counseling services on an *exploratory* basis only.

In many other instances, persons will seek the help of the Department heir own initiative. They are either those who have no church affiliation who desire the services of the Church, or those who for one reason or ther are reluctant to take their problem to their own pastor. In the er case, there is the job, among other things, of helping the individual te himself positively to his pastor. In either case, however, the Depart- nt serves only in an exploratory and referral capacity.

Recently, a middle-aged man seeking temporary financial assistance s referred to the Department by one of the local ministers. Although he same denomination, he was not a member of the minister's church. pastor had assisted the man previously, but asked that a thorough estigation be made before further assistance was given. The man was rried and had three children ranging in age from 14 months to 11 years. was a painter and paper-hanger by trade, but due to unemployment over eriod of three months he had been reduced to the point where the ily could not even buy food for another meal.

The first question demanding an answer in this situation was "Why s this person turn to the Church for financial assistance rather than to agency providing such help?" The answer proved to be most interesting.

Being employable, he was not eligible, under District of Columbia ulations, for tax-supported assistance. He was eligible, however, for porary help from a private family welfare agency, and it was learned t he had received such help the month previous. It was learned also t the agency had arranged, upon his request, for a hemorrhoidectomy the community's expense. The man wanted to take advantage of his iod of unemployment to have this much needed operation. On the day which the operation was scheduled, he became panicky and against the ice of the hospital returned home. Knowing that the agency, without cooperation, would not give him further financial assistance, he turned the Church. Furthermore, he resisted returning to the agency for ther counseling.

The Department could have secured financial help for the family this point, but that would not have reckoned with the man's more serio problem relating to his health and anxiety, and which could be dealt wi only if he could be returned to the agency. Once this was accomplishe the case-worker uncovered the fact that the man's father and sister h both died of cancer, the father having had cancer of the rectum, and th both had had surgery. Planning for the man's hospitalization and t family's financial needs was but a routine matter for the agency followi the verbalization of these fears.

Many such individuals descend upon the minister when the door h been closed to agency help. In such situations, the ministers need an agen of their own, such as their Welfare Department, to which they can readi turn for guidance.

A word should be said about the minister's use of the Social Servi Exchange, a clearance service offered usually by the local Council of Soci Agencies. This is an indispensable tool for enabling social agencies to kno what services have been rendered to a person or family by any other agen and to prevent services of a duplicating or conflicting nature. In Washin ton, the Department of Social Welfare clears cases with the Exchan for the minister needing to know other agency contacts with an individu or family he is serving. A pastor providing financial assistance to a famil for example, needs to learn only once that his family is receiving help fro an agency or from other churches to be sold on the usefulness of t Social Service Exchange.

Relating the Church to Social Needs

An attempt has been made thus far to show how the Welfare Depar ment of the Washington Federation of Churches serves the minister in h pastoral functions. For the purpose of this paper, major emphasis has be placed upon this phase of the Department's work.

An equally important function, however, is the Department's work the area of social education, social action, and community planning, n directly related to the clergyman's pastoral ministry.

Many of the large downtown churches of Washington, as in all lar cities, are located in the midst of the city's worst slum areas, and ha developed more or less elaborate community service programs for t benefit of the children and their parents living under such conditions. The services include recreation centers, arts and crafts of various kinds, sewi and cooking classes, movies, dramatic clubs, mothers' clubs, and differe kinds of athletics and sports. Both the social concern of the churches a the inadequacy of public recreational and leisure-time facilities in t downtown area have been responsible for these programs.

It is unusual, however, for a church to have a trained social work on its staff to supervise such a program. The churches need the profession

o of social group workers. They need to be related to the other group k agencies in the community. And they need to be related to each other prevent an over-lapping of services and to enable them to make a rdinated and concerted attack upon the social needs within their dows.

Here again, the Department of Social Welfare is the liaison agency ween the churches and professional social work. It has helped to bring downtown churches together, both white and Negro, into a cooperative n of work. Through training courses in "Church Community Service," as helped to make the skills of the social group worker available to workers in the church programs.

Not all churches have facilities for a community program. They do e people, however, who can render valuable volunteer service to agencies institutions which, because of the usual lack of funds and staff, depend n volunteer help for many of their functions. This points to still another vity of the Walfare Department, that of encouraging Christian laymen nvest their "spiritual surpluses" in the lives of their homeless and dicapped neighbors.

A few months ago the assistant minister of one of the old landmark rches of downtown Washington requested help in behalf of his young lt group who wanted to undertake some constructive welfare project heir community. The church itself lacked the necessary physical facili- for a community service program. A survey of community needs overed a small, struggling, yet much-needed settlement house for the hborhood's children. It was discovered that Community Chest support the settlement house was hopelessly inadequate. The agency was under- fed, poorly equipped, and in need of numerous repairs, and it welcomed nanna from heaven the prospect of getting help from a neighboring up of Christian friends. The young adults have discovered their chal- e. In seeing it through they will preserve a haven of refuge for the dren of the city's slums. They will also enjoy a broadening of their own istian horizons and social concern; a benefit no less to be desired.

The Department is concerned that church constituencies keep them- es informed about the social and economic problems of their city. It sts them in setting up study programs and in securing competent akers dealing with such areas as housing, delinquency, health needs, ily relations, alcoholism, race relations, and so on. It guides them in lying the needs of their own neighborhood and in taking such action hey can—as citizens and as organized religious bodies—to improve the ditions of their community.

The Department serves as the representative of the Protestant rches in community-wide efforts toward social improvements. It serves

on citizen committees established to deal with community problems as the arise. It works with other agencies and civic organizations in interpretin the needs of the community to the public and in promoting more adequa social legislation and control.

To illustrate: the city sets out to gain better control over tuberculosi It develops plans for providing a free chest x-ray to 500,000 adults in th community. Prejudices, fears, and misconceptions about the disease mu be broken down. The public must be convinced of the need for such a pr ject. It must then be organized on a neighborhood basis for the actual x-ra process. Additional and improved treatment facilities—clinics and san taria—must be established. Legislation and appropriation of funds a required.

Obviously, the support and active participation of the clergy and the congregations are essential to the success of such a community-wide unde taking. But Protestant churches are numerous and divided. They are n easily reached. They find a certain unity of purpose and interest, howeve in such an organization as the Federation of Churches. Thus the Feder tion's Welfare Department is called upon to represent the interests of th churches in such a project, to interpret to them the nature of the proble and its control, and to marshall their full resources and support, step b step, in meeting a serious community problem.

Christian social action on the part of the Church is a double-edge sword. It is applied not only to secular society, but to the Church itsel Indeed, the Church is relatively impotent in dealing with the injustices society until it first of all disentangles itself from its own unjust practice This is a fact which the Church cannot escape and which the Welfa Department embraces with profound sincerity and devotion.

In recent years, for example, Protestantism has made numerous a forthright pronouncements with respect to race relations. It has co demmed racial segregation and discrimination, as practiced in society a in the Church, as being both unchristian and undemocratic. Yet segreg tion is a practice which is all but universal in the local congregations, fact which renders the local church almost powerless in the face of th problem.

The Washington Federation of Churches has been deeply concerne with this situation, and has directed its Welfare Department to take suc steps as necessary to help the churches scrutinize their own policies a practices and to develop sound programs for Christian understanding a action in this area of human relations.

The first step taken was to make a factual study of the racial practic and policies of the individual church. That study only recently has bee completed, and for the first time gives to the churches of Washington

y of factual data establishing their success and their *failure* in dealing
n the problem of race.*

One of the striking facts revealed by the study is that such active
cern as exists within the Church with respect to this problem is to be
nd primarily among the youth and the women of the Church, and least
ng the men. For example, the 122 churches providing information re-
ted a total of 50 young people's groups and 27 women's groups which
ticipated in interracial activities with other groups outside their own
gregations, as compared with only 2 men's groups engaged in such
vities. This is a significant finding in that it indicates not only what
be expected from each group, but also the kind of strategy to be
owed in helping each group develop its program of Christian education
action. Work with the youth has already begun, and other plans are
g formulated by which the Department hopes to stimulate and nurture
concern among the adult groups of the Church and among the clergy
mselves.

The Department of Social Welfare holds to the conviction that both
ial work and religion must be concerned not only with a program of
ect services in behalf of individual needs, but also with a program of
ial action and prevention. For only by pursuing a vigorous social educa-
n and action program can the sources of individual distress be alleviated
l removed.

*Copy of report may be secured upon request made to The Department of Social Welfare, shington Federation of Churches, 1751 N Street, N. W., Washington 6, D. C.

Training

In terms of numbers, 1948-1949 has already been the largest year i the Council's history. During the fall quarter there were 26 student during the winter 24 and during the spring 23. Although the summe quarter is still six weeks away at the time this is written, there are alread more applications than can be accepted. 120 students are to be in trainin in the 23 active training centers during the summer quarter. In spite o the opening of five new training centers during the past year, the Counc is able to accept for training only about three fourths of the applicant for the summer.

Editor on Leave

The Editor of the Journal, the Rev. Robert D. Morris, Chaplain an Supervisor at Episcopal Hospital in Philadelphia, who represented th Council at the International Congress on Mental Hygiene in London las August, is back in London. Through the support of Mr. Harry Doehla o Fitchburg, Mass., he is spending six months at the Pioneer Health Centre Peckham, London, which was the inspiration for his article in the las issue of the Journal. With his wife and two small boys he left on April 13th intending to return early in November. His address is 85 Taymount Grange Forest Hill, London S.E. 23, England. Upon his return he hopes to wor towards the establishment of a similar center in this country for the stud of personal and family health. During his absence the Rev. Ernest F Bruder of St. Elizabeths Hospital is Acting Editor of the Journal.

Visitors from Germany

Brought to this country by the American Military Governmen forty Protestant and forty Roman Catholic clergyman from Germany wi spend sixty days studying the life of the American churches. Two of thes men, assigned through the Federal Council of Churches, are studyin clinical pastoral training and pastoral counseling with a view to introducin the new insights and skills into the church life of their native land. Th men are: the Rev. Otto Kirschbaum, Chaplain of the University of Fre burg, and the Rev. Hans Dorschky, pastor of a church in Bayreuth, Ge many.

In New York these two representative German clergy are visitin chaplaincy and clinical pastoral training programs at Bellevue Hospita St. Luke's Hospital and Federal Detention Headquarters. Their itinerar includes stops at the training centers of the Institute of Pastoral Ca at Boston and Ann Arbor, Michigan. In Chicago, Topeka, St. Louis, Wash ington and Philadelphia they will continue with inspection tours of th many chaplaincy programs and training centers in those areas. The tou is under the immediate supervision of the Rev. Paul B. Maves, Actin

cutive Secretary of the Department of Pastoral Services of the Federal ncil.

ign Clergymen in Training

Students from Canada and other foreign countries have shown great rest in clinical pastoral training. During the past year the following and women have studied with the Council:

From Canada: The Rev. Marguerite E. Corner, United Church of ada, Vickers Heights, Ontario; Miss Elizabeth A. Hanes, Church of land in Canada, Toronto, Ontario; and the Rev. Frederick A. Spring-, Church of England in Canada, Victoria, British Columbia. Mr. Spring- is now Chaplain at the Norton Memorial Infirmary, Louisville, Ken- y.

From Panama: the Rev. Solomon N. Jacobs, Protestant Episcopal.

From England: the Rev. and Mrs Ronald J. Goldman, Congregational.

From Norway: the Rev. Birger Mathisen, Lutheran, of the Inde- lent Theological Faculty, Oslo.

'ents on Scholarship Study

At the recent Spring Conference of the Supervisors of the Eastern a of the Council, heavy stress was laid upon the need for scholarships enable qualified advanced students to obtain a full year of Clinical oral Training. There are now only two such scholarships. The first been granted for the past two years by the Protestant Episcopal ety for Promoting Religion and Learning in the State of New York ugh the New York P.E. City Mission Society. This grant includes a ber of scholarships for beginning students, and one for a full year of ning. It was given in 1948-1949 to the Rev. Benjamin R. Priest, now plain at Bellevue Hospital.

The second scholarship, obtained through the efforts of the Rev. Don- F. Bautz, Director of the Lutheran Inner Mission Society, Washington, ., was granted to Mr. Harold M. Yoder, a Senior at the Lutheran ological Seminary, Gettysburg, Penna., who has completed his year of ning and has just been appointed Assistant Supervisor-in-Training at D. C. Penal Institutions, Lorton, Va., for the summer of 1949. Following additional period of training, he will return to complete his Seminary se.

In addition to these two scholarships, which are limited to theological lents and clergy of the two denominations granting the funds, the ncil will have a single scholarship for an advanced student who will plete a year of training, with experience for one quarter as Assistant ervisor-in-Training.

stant Chaplaincies for Advanced Training

At several of the training centers of the Council small stipends are

available to theological students or clergy who have completed at lea one quarter of Clinical Pastoral Training. Details about these opportuniti to combine chaplaincy work and training may be obtained through th central office of the Council.

Council Alumni in Chaplaincy Positions

In addition to the Reverends Priest and Springborn mentioned abov the following seven men who had training with the Council since Septembe 1948 are working as full time institutional chaplains:

The Rev. Gordon J. Chambers, Assistant Supervisor-in-Training a Norristown State Hospital, Penna., summer of 1949, and Chaplain at th Elgin State Hospital, Illinois.

The Rev. Keith W. Keidel, Chaplain, New Jersey State Hospital, Grey stone Park, New Jersey.

The Rev. LeRoy G. Kerney, Chaplain and Acting Supervisor, Manter State Hospital, Manteno, Illinois.

The Rev. Frederick C. Low, Chaplain, Western State Hospital, Hop kinsville, Kentucky.

The Rev. Stanley M. Sargent, Chaplain to the Hospitals of Rocheste Minnesota, for the Congregational-Christian Church, Conference of Mi nesota.

The Rev. F. William E. Wolter, Chaplain for the Lutheran (Missou Synod) Church at Cherokee State Hospital, Iowa.

The Rev. Jervis S. Zimmerman, Chaplain and Acting Supervisor, No wich State Hospital, Conn. Part of Mr. Zimmerman's support comes fro the Connecticut Council of Churches.

ER PEOPLE AND THE CHURCH, by Paul B. Maves and J. Lennart Cedarleaf.....272 pp.
(New York, Abingdon-Cokesbury Press, 1949, $2.50)

This book is a milestone. As far as this reviewer knows, it is the first mpt made by the Church to understand the spiritual needs of a group ne parish by means of an empirical study of the persons involved. The irical method has been used effectively by Church sociologists to study munity problems. Such men as Boisen and Dicks have pioneered in irical studies of the hospitalized mentally and physically ill and their tual problems. Maves and Cedarleaf have, however, taken a group of ons living in the parish itself and have studied them individually and roups within the parish setting. Of added significance is the fact that study was originated and sponsored by a Church group, an advisory mittee of the Department of Pastoral Services of the Federal Council hurches of Christ in America, and financed by a grant from a private dation with supplementary funds from the General Board of Education the Board of Missions and Church Extension of the Methodist Church.

Thus, the methods and means by which this book evolved are as worthy ote as its contents. It is evidence of the growing awareness in the rch that its effectiveness in society will increase only when its ministry eves the professional maturity and competence which understands meets effectively the spiritual needs of people where they are. This be achieved only by first-hand clinical experience with, and study of, himself, not, as Boisen has emphasized, by substituting for this the y of the recorded experiences of men after they have collected dust ibrary shelves. It is hoped that this study of older people is but the of many empirical studies sponsored by competent Church groups.

The book "attempts to study the relationship of the Protestant ches to people over sixty years of age." In addition to summarizing findings of many professional groups about older people and the g process, it reports two first-hand studies, one on pastoral care of r people and the other on group work with older people. It has many rete suggestions for church leaders who are concerned with a more uate ministry to older parishioners.

While the findings of the other professions, especially medicine and al work, are most helpful in correcting misconceptions about "the old ils of the church," the two first-hand studies are of immense practical e. The chapters by Cedarleaf deserve special note. This reviewer has r seen a better account of "the foundations of pastoral care" or of "the ciples and methods of pastoral care." It is excellent writing and really

"gets down to brass tacks," being well documented with case materia Maves' study of group work in the church has a lot of material examplify ing how *not* to do it, and very little on successful group leadership. This because he studied only the work of ministers who were selected as bein typical pastors of typical churches. Inasmuch as there is a paucity o accounts of effective group work in churches, together with a great nee for enlightenment, it was hoped that Maves, or someone else who had working knowledge of the dynamics of group work, would give an accou of his experiences. Such helpful material is eagerly awaited. Even the be material, however, either on pastoral care or group work, is not going t make of the leader a good pastor or group leader. A great deal of carefull evaluated first-hand experience in pastoral and group relationships is th only way to make full use of the insights of this pioneer study.

—William R. Andrew
Protestant Chaplain
New Hampshire State Hospital

PASTORAL COUNSELING, by Seward Hiltner.....291 p
(New York and Nashville, Abingdon-Cokesbury Press, 1949, $3.00)

This book will be of real value as an introduction to the subject o pastoral counseling for theological students and clergymen who have ha no training in the field. The author, for eleven years the Executive Secr tary of the two commissions which now comprise the Department o Pastoral Services of the Federal Council of the Churches of Christ i America, has accomplished his goal as set forth in the opening statemer of his foreword: "This book is intended as an introductory survey o pastoral counseling." His wide experience in administration, in leadin seminars and conferences on pastoral counseling with various resour people, and in teaching the subject in several seminaries is coupled wit his ability to analyze and synthesize the findings and theories of othe and makes this a fit companion volume to his earlier survey RELIGIO AND HEALTH (The MacMillan Company, New York, 1943).

The work is divided into three sections: Principles, Preparation an Resources. Good examples of the author's gift for outlining and classifyin are the discussions in the first section on "Basic Assumptions" and "Pa toral Counseling and Other Counseling." The author himself notes tha actual records of interviews would have been more effective than th fictitious ones used. This is true. He voices the hope that future writin in this field will be more productive of specific case histories and record interviews; a hope which is heartily seconded by this reviewer.

The three chapters in the section on Preparation and the one entitled gious Resources" are suggestive and stimulating, and could well have expanded. There is increasing evidence that the counseling attitude, rried over into all of the pastor's professional relationships, would e the Church more effective in dealing with the maladjustments ght about by the pressures of our times. Certainly the Church as an tution can continue to exist only as it meets the needs of its members, its doctrines, sacraments and rites will have value only in terms of meaning in the lives of its people.

This reviewer has a lifted eyebrow at an impression left by the last ter: "Resources for Learning Pastoral Counseling." Both in the text n his notes, the author emphasizes clinical pastoral training as having e the major contribution to his own understanding and practise in seling. The case materials used and most of the discussion, however, to imply that classroom teaching can best help the student learn the f counseling. It seems inconsistent to assume that a situation in which ological student records interviews with a few parishioners for the ism and comment of a single professor can be equated with the pro- of" learning by doing" in a clinical situation. The latter involves close nal supervision of the student's work in a place where many sick ns are brought together to be observed, studied and treated by repre- atives of all or most of the healing professions working together as m.

The author's style is quite readable. His wide knowledge of the field his many references, while not complete, are helpful. His plea for more s which illustrate pastoral counseling rather than write about it is d. Until such studies appear the pastoral counselor will command paratively little respect either in his own right or in comparison with r counselors.

Frederick C. Kuether